



NORTH CENTRAL MISSOURI COLLEGE/PUBLIC HEALTH AGENCY
REFERRAL AND AUTHORIZATION TO RELEASE INFORMATION
TB Targeted Testing Program

TO BE COMPLETED ONLY IF YOU INDICATED A YES ANSWER ON THE TB RISK ASSESSMENT FORM

Student Name _____ Student ID Number _____

Mailing Address _____ Phone: _____

Date of birth: _____ Country of origin: _____

Personally identifiable information, other than items classified as directory information by the College, is protected and cannot be released without the student's consent. Additional information concerning the student's Right to Privacy and release of records may be found on the NCMC website through the Consumer Information page: http://www.ncmissouri.edu/consumerinfo/wp-content/uploads/sites/26/2016/11/Privacy-Student-Records.pdf and in the College Catalog.

I understand that I have answered yes to at least one question on the TB Risk Assessment Form and according to North Central Missouri College's policy, I must provide documentation that I have a negative status for contagious active tuberculosis or I will not be allowed to register for classes in future semesters. I give my permission for North Central Missouri College and _____ (local public health agency) to exchange the following information:

- Student Name, Phone number, Results of TB Risk Assessment, Date tested, Date of birth, Testing results*, Country of Origin, Presence /absence of active TB signs and symptoms*, Year of arrival, Treatment details*, Address

Student Signature _____ Date _____

The student must present the form to the local public health agency for testing and follow-up communication. The health agency will return the form to NCMC.

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To be completed by _____ (local public health agency):

Test Dates/Indications:

_____ Negative tuberculosis

Test date: _____

Reading date(s): _____

_____ Latent tuberculosis

Test date: _____

Date treatment completed: _____

Date refused treatment: _____

_____ Active tuberculosis

Test date: _____

Date tested negative for contagious status: _____

Date treatment completed: _____

Local Public Health Agency Representative Signature

Date

Return to Dean of Student Affairs
North Central Missouri College, 1301 Main Street, Trenton, MO 64683. Fax: 660-359-2211